





Department of Microbiology (Gujarat University) and Shivrath COE in Clinical Research (joint venture with GSBTM, Govt. of Gujarat)

Application Form for Enrollment

Form Last da	ice Use Only No.: Ite for submission of Application Fentrance Examination:	tion form:/				
Course Applied For						
 M. Sc. Clinical Research PGD in Clinical PGD in Regula PGD in Advanced Clinical Research 				l Trial Management atory Affairs		
Personal Details						
Name :						
	(Surname) (Name) (Fa			ther's Name)		
Address: Gender: Male Female Date of Birth:/ E-mail ID: Mobile No: Res. No.: Nationality:				Affix your latest Passport size Photograph here & sign across		
Academic Qualifications						
Sr. No	Name of Degree	Institution	University	Year of Passing	Marks %/ Grades	

Payment Details Mode of Payment: Cash Cheque Demand Draft Cheque No. / DD No.:______ Amount Rs. Dated:_____ Name of Bank:__ **Enclosures** 1. Duly field application form for enrollment 4. School Leaving Certificate 2. H.Sc. Mark sheet 5. One Passport size Photo 3. All Graduation Year Mark Sheets 6. All Post Graduation Year Mark Sheets Please Note: All Documents must be self attested. **Terms & Conditions** Gujarat University reserves the full & final right to decide the admission norms and acceptance of this enrollment application. Any attempts to gain admission on the basis of any unfair means would result in automatic dis-qualification from the admission process. Fees once paid for any of the courses would not be refunded under any circumstances. The admission to a candidate for any of the course is not transferable. The candidate would be expected to adhere to Gujarat University's rules & regulations during the complete tenure of the course. **Declaration** The above information provided by me is true & valid & I am open to producing the Original Mark sheets, Grade certifications etc. as & when required by Gujarat University. I have also read the terms & Conditions (as mentioned above) of Gujarat University & abide by the same at all time. Signature of the Candidate Signature of the Parent/Guardian_____ Date : _____ Place:_____

* Brochure + Application Form + Entrance Exam - Amount Rs. 500.00

The Head,
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